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4a. The following fee(s) are a	submitted;	<b>4</b> b	. Payment of Fee(s): (I		ply any previ	party baid issue tee s	hown aboys)			
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Advance Order - # of	-		The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 07-0845 (enclose an extra copy of this form).							
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# Ziolkowski Patent Solutions Group, SC 136 South Wisconsin Street Port Washington, WI 53074 (262) 268-8100 FAX (262) 268-8185

## **FACSIMILE TRANSMISSION**

Date: May 24, 2007

#### PLEASE DELIVER THE FOLLOWING PAGES:

TO: Arthur McCloud

United States Patent and Trademark Office

FAX NUMBER: (571) 273-7268

FROM: Kent Baker

Re: Application No. 10/063,373 (GEMS8081.111)

NUMBER OF PAGES (including cover) 3

Dear Mr. McCloud,

As per our phone conversation, attached please find a copy of the requested Issue Fee for the above referenced application.

### FAX COVER NOTE OF CONFIDENTIALITY